

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	i					
3	i					
4	i					
5	14					
6	4					
7	4					
8	4	4				
9						
10	4	4				
11	4					
12	4					
13	4					
14	4					
15						
16						
17						
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38						
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	13					
TOTAL CLAIMS	24					

SERIAL NO.	FILING DATE	
APPLICANT(S)		
CLAIMS		
51	IND	DEP
52	IND	DEP
53	IND	DEP
54	IND	DEP
55	IND	DEP
56	IND	DEP
57	IND	DEP
58	IND	DEP
59	IND	DEP
60	IND	DEP
61	IND	DEP
62	IND	DEP
63	IND	DEP
64	IND	DEP
65	IND	DEP
66	IND	DEP
67	IND	DEP
68	IND	DEP
69	IND	DEP
70	IND	DEP
71	IND	DEP
72	IND	DEP
73	IND	DEP
74	IND	DEP
75	IND	DEP
76	IND	DEP
77	IND	DEP
78	IND	DEP
79	IND	DEP
80	IND	DEP
81	IND	DEP
82	IND	DEP
83	IND	DEP
84	IND	DEP
85	IND	DEP
86	IND	DEP
87	IND	DEP
88	IND	DEP
89	IND	DEP
90	IND	DEP
91	IND	DEP
92	IND	DEP
93	IND	DEP
94	IND	DEP
95	IND	DEP
96	IND	DEP
97	IND	DEP
98	IND	DEP
99	IND	DEP
100	IND	DEP
TOTAL IND.		
TOTAL DEP.		
TOTAL CLAIMS		

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS